

Grantee Name  
Grantee Award # (ex. U87/CCU123456)  
Program Announcement # (ex. PA 04010)  
Project Year (ex. 05/15/04 – 05/14/05)

CDC Assistance Programs  
HIV Program Review Panel

Panel Chair Summary Sheet

Panel Chair Name: \_\_\_\_\_

As chair of the HIV Program Review Panel, I have submitted the following items to the HIV Program Review Panel for review and indicate below the panel's approval/disapproval for use:

|          | Approve | Disapprove | Date  |
|----------|---------|------------|-------|
| 1. _____ | _____   | _____      | _____ |
| 2. _____ | _____   | _____      | _____ |
| 3. _____ | _____   | _____      | _____ |
| 4. _____ | _____   | _____      | _____ |
| 5. _____ | _____   | _____      | _____ |
| 6. _____ | _____   | _____      | _____ |
| 7. _____ | _____   | _____      | _____ |
| 8. _____ | _____   | _____      | _____ |

Panel Chair Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_